# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	МІ	OFFICE USE C	NLY
	NICKNAME LAST	SUFFIX	Date Received	. W
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Bay 491	STATE; ZIP CODE	Date Hand-delivered or Date Po	<b>-</b> 一字 (二) \( \)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER $(JP1)$ 932 9052	EXTENSION	Receipt # Amou	THY CLER
6 CAMPAIGN TREASURER NAME	MS/MRS/MR -FIRST /C.I.  NICKNAME UST - ENCK	MI	Date Imaged	<u> </u>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:  \$\sigma 330 \left \text{oge} \left \text{Ly}  \text{Pa} \\  AREA CODE PHONE NUMBER	ett, son, Lx	7742-3	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2P1) 932-9052-	EXTENSION $\ell$		
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign tr appointment (officeholder of ii Final report (Attach C/OH -	only)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6 /30 /	Year 10	
11 ELECTION	ELECTION DATE STATE STAT	Runoff	General S	pecial
12 OFFICE	OFFICE HELD (if any) Sout PC+4	13 OFFICE SOUGHT (if known	Court Pct	LA
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name			
INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	de		
additional pages			<u>6</u>	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Ted Krev	nek	16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
1	GENERAL	COMMITTEE ADDRESS	THE STATE OF THE S	
		COMMITTEE CAMPAIGN TREASURER NAME	1	
additional pages			9	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 180,00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 180,00 \$ 100.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 795.20	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ /07./9		\$ 107.19	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	S 12/0.00	
19 AFFIDAVIT	i			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  ERIKA PEREZ  Notary Public, State of Texas  My Commission Expires  Ol-09-2012  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Ted Krunuk.</u> , this the <u>15 (day of July</u> , 20 10, to certify which, witness my hand and seal of office.				
Elika Perez Notary Public				
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath	

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Ted Krenek	- 1/ <del>2</del> 1	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
7. de.10	6 Contributor address; City; State; Zip Code Po By 157 Brooksh	ire, ATTY	(If travel outside	of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)  LNSUR and Oall'S  10 Employer (See Instructions)  See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#_ BLUM 15 W III		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2.33.10	26665 Westhollowth.	Houston,	100.00 K17087	<u> </u>	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			:   	
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Principal occur	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)	
Employer (See instructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 	
			(If traval autoida	of Toyon, complete Schodule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 	
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	•		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITUR	CATEGORIES FOR	R BOX 8(a)			
Advertising Expense						
Accounting/Banking	Legal Services	Solicitation/Fundraising	_	ansportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District	*	tributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeholder/Political Committee		
Fees	Printing Expense	Office Overhead/Rental	Expense OTH	IER (enter a category not listed above)		
	The Instruction Guid	e explains how to com		(		
4 Total pages Schodule E:	T	7		5 1000 HVT II (TILL)		
1 Total pages Schedule F:	2 FILER NAME TO	renek		3 ACCOUNT # (Ethics Commission Filers)		
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4 Date	5 Payee name					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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